

CITY OF LAS VEGAS

BUILDING AND SAFETY DEPARTMENT

OFFSITE INSPECTION & TESTING
333 NORTH RANCHO DRIVE
LAS VEGAS, NV 89106
PHONE: (702) 229-6337
FAX: (702) 363-1051

DEVELOPER'S SUBMITTAL OF GPS COORDINATES

☐ Sewer

☐ Storm Drain

☐ Electronic Comma Delineated File

☐ Final Location Map (2)

NOTE: THE TOP PART OF THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY

PROJECT NAME: _____ UNIT: _____ PHASE: _____

PROJECT LOCATION: _____

CLV PLAN #: _____ CLV PROJECT # _____ SHEET NO. (S): _____

OF MANHOLES _____ PUB. SEWER/STORM DRAIN LIN. FT. _____ # OF PRIVATE LATERALS _____

DEVELOPER: _____ PHONE: _____ FAX: _____

SURVEY CO.: _____ PHONE: _____ FAX: _____

CONTRACTOR: _____ PHONE: _____ FAX: _____

CONTRACTOR'S SUPERVISOR NAME: _____ MOBILE: _____

DATE OF REQUEST: _____

THIS SEWER HAS BEEN SURVEYED BY NEVADA LICENSED LAND SURVEYOR:

Company Name _____ Surveyor Name _____

License # _____ License exp. Date: _____

CITY USE ONLY

DATE SR. INSPECTOR RECEIVED: _____ SR. INSPECTOR INITIALS: _____

DATE RECEIVED FROM SR. INSPECTOR AND SENT TO CITY SURVEYOR: _____

ACCEPTABLE BY CITY SURVEYOR DATE: _____ NOT ACCEPTABLE BY CITY SURVEYOR DATE _____

CLV SURVEYOR'S SIGNATURE: _____ DATE: _____

THE CITY OF LAS VEGAS RECOMMENDS THAT ALL DEFICIENCIES NOTED ON THE ATTACHED SURVEY REPORT BE CORRECTED PRIOR TO THE FINAL ACCEPTANCE.

For Sanitary Sewer To Complete and Return to Offsite Inspection & Testing:

RECEIVED BY: _____
(PLEASE PRINT)

SIGNATURE: _____ DATE: _____

For Flood Control To Complete and Return to Offsite Inspection & Testing:

RECEIVED BY: _____
(PLEASE PRINT)

SIGNATURE: _____ DATE: _____